



FOOD MANAGER COURSE REGISTRATION

(Register by e-mail, fax, or mail)

Print Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Email _____

Employer _____

SELECT COURSE

- ☐ Initial Certification Course (March 12th, March 19th, & March 26th) \$135.00
- ☐ Recertification Course (March 12th) \$ 65.00

- To pay by VISA, MasterCard, or Discover:

Card # _____ Expiration _____

Signature _____ 3 digit code on back of card _____

Address number /zip code where credit card statement is sent _____/_____

- If paying by check, please make check payable to: City of Bloomington
- Please submit registration and payment by Friday, March 7, 2014.

To register by mail, please send to:

City of Bloomington
Environmental Health Division
1800 W. Old Shakopee Rd
Bloomington, MN 55431
Attn: Karen Olson

To register by fax or email:

Fax # 952-563-8949
Attn: Karen Olson

Email to: kolson@BloomingtonMN.gov